

above stated give to cod-liver oil, even as a tardative or palliative of phthisis, a rank far above any agent hitherto recommended, whether medicinal or regimenal. I have made trials of several other medicines of reputed utility in this disease, but their utility and harmlessness fall so far short of those of cod-liver oil, that I regard them now chiefly as subsidiary means, and the more likely to be useful in proportion as they facilitate the continuance of this superior agent."

2. *Mode of action of cod-liver oil.*—The author does not think it necessary to discuss the question whether the oil owes its efficacy to the iodine contained in it. To suppose that the minute proportion of this ingredient could be the curative agent, would savour of the absurdities of homœopathy, and besides most of the patients had taken iodine in one form or other previously to taking the oil.

It is commonly admitted, the author remarks, that the oil possesses the power of fattening those who take it for any length of time; but this nourishing influence extends beyond the mere deposition of fat. The muscular strength is sensibly increased, and the colour of the cheeks is improved. There is much reason, he thinks, to believe that the oil proves serviceable by supplying the fat molecules, which appear to be essential to healthy nutrition in forming the nuclei of the primary cells; thus supplying a fat which is capable of being readily absorbed and converted into a better plasma, as well as more readily conveyed by the blood to the vicinity of the tubercular deposits, the absorption of which it favours by dissolving the irregularly concreted fat of which the masses are partly composed.

One of the most remarkable effects of the oil, in the second and third stages of the disease, and in other forms of scrofulous disease, with extensive suppuration, is the speedy removal of the sweats and symptoms of hectic. This the author thinks it does by diminishing the unhealthy suppuration which is excited around the tubercle. The author's view of suppuration is, that it consists of a further oxidation of the exudation corpuscle, and he therefore explains the use of the oil in its offering a combustible material, and thus checking the process of oxidation of the tissues.

3. *Preparation and administration.*—The author repudiates the idea held by the Germans, that the brown oil is the most efficacious. He prescribes the pale oil, as free from taste and smell as it can be procured. To obtain this, he advises that the livers of the fish should be obtained as fresh as possible, the pale plump livers being preferred. These should be pounded into a pulp, and mixed with water of 120° , and filtered; after standing, the oil to be decanted, cooled to 50° , and again filtered. The process is to be quickly performed, and in closed vessels. The author begins with a teaspoonful, gradually increasing to a tablespoonful, floating on some aromatic water. He advises it to be taken about an hour and a half after each meal.

In conclusion, he repeats that cod-liver oil is more beneficial in the treatment of pulmonary consumption than any agent, medicinal or dietetic, that has yet been employed.—*Ranking's Abstract*, vol. ix., from *London Journal of Medicine*, Jan. 1849.

16. *On the Treatment of Pericarditis; especially on the Effects of Blood-letting and Mercury in that disease.* By JOHN TAYLOR, M.D., Physician to the Huddersfield Infirmary. (*Proceedings of the Royal Med. and Chirurg. Soc.*, June 22, 1849.)—In this communication, the author has analyzed the forty cases of pericarditis, published in the *Lancet* in 1845 and 1846, in respect to the treatment of the disease. The cases are divided into two classes: first, those occurring in connection with acute rheumatism, the subjects of which were previously in good health; and secondly, the cases occurring in connection with renal disease, or in persons previously in a bad state of health. The patients in the first class, besides being in good health, were younger, and suffered from much fewer complications than those in the second class. Very few of those in the first class died, whereas all died in the second class. The conclusion from these facts is, that the age and previous health of the patients, and the nature of the complicating diseases, have more influence upon the favourable or unfavourable

termination of pericarditis than any differences in the treatment. The remedies whose effects are examined, are chiefly blood-letting and mercury.

I. Blood-letting.—The conclusions arrived at are the following:—

1. The duration of pericarditis increases in proportion as the time is longer between the commencement of the disease and the first bleeding.

2. The duration of the cases bled after the first four days is greater by one-half than that of those bled within the first four days from the invasion of the disease.

3. The influence of bleeding was more marked in the cases in which it was copiously and repeatedly, as well as early, practiced, than in those in which blood was drawn less frequently and more sparingly.

4. Pericarditis is never extinguished at once by bleeding, however early, or however copiously practiced.

5. In several cases, the pericarditis was suspended for a limited time. The suspension in every instance was immediately consequent upon the local abstraction of blood.

6. It is probable that renal has a longer duration than rheumatic pericarditis.

7. Blood-letting must be less copious, and is more frequently inadmissible, in renal, than in rheumatic pericarditis.

8. Blood-letting probably lessens the mortality, inasmuch as it lessens the duration of pericarditis; but direct proof of the reduction of mortality is not to be obtained from these cases.

9. The abstraction of blood by venesection, cupping or leeches, almost invariably relieved the pain at once, but not permanently. There is no reason to believe that any one form of bleeding relieved pain more effectually than another.

10. Blood-letting never lessened the frequency of the pulse, except when there were signs of the inflammation having abated.

11. The tendency to syncope, in some cases of pericarditis, renders it necessary to be very careful in abstracting blood by venesection.

12. Free venesection for pericarditis does not always prevent the subsequent appearance of serious inflammation in other internal organs.

II. Mercury.

1. The cases in which mercury was given within the first four days, had an average duration less by five days than those in which it was given later.

2. The cases in which salivation was produced within the first four days had an average duration less by two days than those in which it occurred later.

3. It is difficult to determine how much of the benefit was due to the mercury, because all the patients who took mercury were likewise bled, and in almost every instance the two remedies were first employed on the same day.

4. The author is inclined to the conclusion that the benefit was due in greater measure to the bleeding than to the mercury—partly, because the duration of the disease was more abbreviated in those who simply began to take mercury, than in those in whom salivation was produced within the first four days. The administration of mercury coincided with the bleeding, but the salivation did not, and the results are just what might be looked for upon the supposition that the benefit was due to the bleeding, and not to the mercury.

5. If the production of salivation had anything like the marked influence in arresting inflammation, and in promoting the removal of its products, which it is currently believed to possess, the duration of the cases of pericarditis after salivation ought to have been much less than it really was. This is proved by a detail of the cases.

(a.) Salivation was not followed by any speedy abatement of pericarditis in sixteen cases.

(b.) Salivation was followed by pericarditis in five cases.

(c.) Salivation was followed by an increase in the extent and intensity of the pericarditis in three cases.

(d.) Friction-sound ceased two days before the mouth became sore in two cases.

(e.) Salivation was followed by a speedy diminution of the friction-sound in two cases; it did not cease, however, for some days after.

(f.) The pericarditis ceased soon after salivation in two cases: in one of them, however, it had been declining for some days before.

(g.) Mercury was given, but no salivation was produced in seven cases.

(h.) No mercury was given, nor other treatment adopted, in eight cases.

(i.) Cases are detailed exhibiting the occurrence of various internal inflammations during the time that salivation was proceeding. The cases comprise examples of endocarditis, pleuro-pneumonia, pneumonia, pleuritis, erysipelas, and rheumatism.

A conclusion rather adverse to the antiphlogistic powers of mercury having been drawn from the facts narrated, the author next examines the evidence upon which the contrary and more prevalent opinion is based, and infers that the evidence is not satisfactory. In the course of this examination, some remarks are offered upon the necessity for the application of the "numerical method" in therapeutical inquiries; and also upon the difference, and its results, between the practice of French and English physicians, in inflammation of serous membranes.—*London Med. Gaz.*, July 20, 1849.

17. *Peculiar Forms of Chorea Affections.*—R. B. TODD, M. D., in the *Lumleian Lectures* for 1849, describes a curious affection, of which he has met with two examples in his own practice, and of which five or six have been recorded by Albers of Bremen: the prominent feature of it is the inability to hold a pen and to write for any time. The patient begins to write—writes two or three words—when the hand forthwith is spasmodically extended, the fingers cease to be controllable, the pen falls away from them. If the patient attempt to control his pen hand with the other hand, or if any one else does it for him, the movements become worse, and he suffers excessive pain up the arm; yet all other actions are well done, and the power of the hand to grasp is good. One gentleman thus affected is a man of considerable mental endowments, and he has found it so impossible to overcome the irregular movements of his hand, that he has trained himself to write with his left hand, which he can now do with such facility that he can carry on an extensive correspondence.

There can be no doubt that the impairment of speech, which is sometimes a forerunner of cerebral mischief, and which ought always to be regarded as a warning of such an invasion, is of this character. Emotional excitement will cause hesitation of speech, in many healthy persons: many can do certain things very well if allowed to take their own time; but if hurried and flurried, they are apt to bungle about them very seriously.

In one instance, Dr. T. found well-marked choreic convulsions of the right arm, with disturbed intellect, and gangrene of the toes, associated with extensive colourless softening of the left cerebral hemisphere, involving the optic thalamus.

Allied to the movements of chorea are the fidgets of children, and, perhaps, also those of grown persons. In some children, these fidgety movements are so excessive that the child becomes almost a nuisance in a room. All the muscles are affected; the child incessantly makes grimaces of the most various kinds; every minute he assumes a new attitude; if anything comes in his way, he must handle or touch it: and these irregularities are always the greater when there is derangement of general health. Children thus affected might readily be thrown into the convulsions of chorea by a strong mental emotion.

18. *Symptoms of Partial Chorea.* By R. B. TODD, M. D. (*Lumleian Lectures* for 1849).—1. The affection is not symmetrical, that is to say, one side of the body is more frequently affected than both; or, if both should be affected, one is always much more so than the other. In general, this difference of affection of one side remains with that side, whichever it may be; but in rare instances there is a disposition to shift, and for two or three days the right side will be chiefly affected, and then for a longer or shorter period the left side will exhibit most active movements. This tendency to shift calls to mind a prominent feature of certain rheumatic and gouty affections.

2. Of all the movements which accompany chorea, that of the tongue is the most peculiar and characteristic; indeed, I would call it pathognomonic. The